

# Fort Bend County Social Services

## Application for Assistance

(Gray areas are for Agency use, please do not complete)



### APPLICANT INFORMATION

Date:	Social Security Number:	How were you referred to us? ____ Sheriff's Office ____ Indigent Health Care ____ Access Health ____ Other _____					
Last Name:		Address:				Home Phone Number:	
First Name:		Middle	City:	State	Zip	Work Phone	
Monthly Income:	Source:			Birthdate:	Gender:	Household Size:	Race:
Annual Income:	Occupation			How long have you lived in the county?:			

### SPOUSE'S INFORMATION

Spouse's Social Security Number	Last Name:		First Name:		Middle
Monthly Income:	Source:		Birthdate:	Gender:	Race:
			Occupation		

### Household Members Information

Name:	Birthdate:	Race:	Relationship:
Name:	Birthdate:	Race:	Relationship:
Name:	Birthdate:	Race:	Relationship:
Name:	Birthdate:	Race:	Relationship:
Name:	Birthdate:	Race:	Relationship:
Name:	Birthdate:	Race:	Relationship:

### FACT INFORMATION

(GRAY AREAS FOR AGENCY USE, PLEASE DO NOT COMPLETE)

Interview Date:	Interviewer:	Interviewer Relationship:	
Have you applied for assistance before? <b>Yes or No</b>	If Yes, since when?	Requested Assistance	Residential Status (Own or Rent)
Are your services off? <b>Yes or No</b>	If yes, since when?	Are you scheduled for disconnection? <b>Yes or No</b>	If yes, when?
Do you receive Unemployment benefits? <b>Yes or No</b>	If Yes, how much?	Since when?	
Do you or any Household member receive Child Support? <b>Yes or No</b>	How much?	How often?	
What is your crisis?			

Are you currently receiving Section 8 housing? <b>Yes or No</b>	If Yes, since when?
Have you applied for Medicaid, CHIP or TANF? <b>Yes or No</b>	
Are you currently homeless? <b>Yes or No</b>	Are you feeling down, depressed or hopeless? <b>Yes or No</b>
Do you have little interest or pleasure in doing things? <b>Yes or No</b>	Do you have Health Insurance? <b>Yes or No</b>
Have you been to the Doctor? <b>Yes or No</b>	When was your last visit to the Doctor?

**If any other Household member is 18 years of age or older and is currently employed or received Benefits, please fill out the additional information:**

<b>Household Member Name:</b>		Who are they employed by?	
Job Title	How long have they been at their job?	Start Date / End Date	
Do they receive Unemployment Benefits or Child Support? <b>Yes or No</b>		If Yes, how much?	Since when?
<b>Household Member Name:</b>		Who are they employed by?	
Job Title	How long have they been at their job?	Start Date / End Date	
Do they receive Unemployment Benefits or Child Support? <b>Yes or No</b>		If Yes, how much?	Since when?
<b>Household Member Name:</b>		Who are they employed by?	
Job Title	How long have they been at their job?	Start Date / End Date	
Do they receive Unemployment Benefits or Child Support? <b>Yes or No</b>		If Yes, how much?	Since when?

### TOTAL COMBINED INCOME AND/OR BENEFIT AMOUNTS FOR THE HOUSEHOLD

Wages (Pay):	_____	Social Security:	_____
Unemployment:	_____	SSI Amount:	_____
TANF:	_____	Veterans Benefits:	_____
Food Stamps:	_____	Retirement:	_____
Child Support:	_____	Other Income Amount:	_____

### MONTHLY EXPENSES

Rent/Mortgage:	_____	Health Insurance:	_____
Light:	_____	Prescriptions:	_____
Water:	_____	Doctor Bills:	_____
Gas/Butane:	_____	Car Payment:	_____
Telephone:	_____	Car Insurance:	_____
Cable:	_____	Car Gasoline:	_____
Food:	_____	Other (i.e.: loans, rentals, credit cards, etc):	_____

Do not complete Gray areas  
For Agency Use Only

Client Resource:				
Agency Response:				
EFSP CLEARANCE:				
Date:	Agent			
Assistance Provided:				
Program:	Pledge Date:	Pledge Amount	Services Received	Vendor Information
FACT SHEET				
Catastrophic Event/Disaster				
Referral:				
Notes:				

DECLARATION: I certify that the above information is correct, to the best of my knowledge and hereby authorize FORT BEND SOCIAL SERVICES to request and receive information for verification of the same:

Client's Signature

Interviewer's Signature